

REPLACEMENT COMPARISON AND COMPUTATIONS

STATE PROJECT _____ PARCEL _____ DISPLACEE _____

DISPLACEMENT RECAP

Heated sf _____ No. bedrooms _____ No. baths _____ DSS y n
Garage: none _____ attached _____ detached _____ 1-car _____ 2-car _____
type construction _____
MEA : none _____ type _____
Owner-Occupied: acquisition price _____
Tenant: mo. rental _____ (actual _____ or economic _____)
Average mo. cost nonfurnished utilities _____ (1)
Average monthly income _____

COMPARABLES

No. _____
Asking Price _____
Mo. Rental _____ Mo. Cost-utilities not included _____ (1)
Address/Location _____
Owner/Listing Agent _____
Heated sf _____ No. bedrooms _____ No. baths _____ DSS y n
Garage: none _____ attached _____ detached _____ 1-car _____ 2-car _____
Includes any MEA(s) at displacement? y n
If not, construction cost of MEA _____
COMMENTS: _____

No. _____
Asking Price _____
Mo. Rental _____ Mo. Cost-utilities not included _____ (1)
Address/Location _____
Owner/Listing Agent _____
Heated sf _____ No. bedrooms _____ No. baths _____ DSS y n
Garage: none _____ attached _____ detached _____ 1-car _____ 2-car _____
Includes any MEA(s) at displacement? y n
If not, construction cost of MEA _____
COMMENTS: _____

No. _____
Asking Price _____
Mo. Rental _____ Mo. Cost-utilities not included _____ (1)
Address/Location _____
Owner/Listing Agent _____
Heated sf _____ No. bedrooms _____ No. baths _____ DSS y n
Garage: none _____ attached _____ detached _____ 1-car _____ 2-car _____
Includes any MEA(s) at displacement? y n
If not, construction cost of MEA _____
COMMENTS: _____

COMPUTATIONS

A. PURCHASE SUPPLEMENT (Owner - Occupants 180 Days)
1. Price Comparable No. _____
2. Purchase Price _____
3. Acquisition Price of Subject *(2) _____
4. Supplement (Lesser of Line 1 or 2 minus Line 3) _____ \$0.00

B. RENT SUPPLEMENT (90-Day Occupants)
1. Rent Comparable No. _____
2. Rent Subject Dwelling _____
3. Average Mo. Income _____ X 30% (3) _____ \$0.00
4. Line 1 minus lesser of Lines 2 or 3 _____
5. Supplement (Line 4 X 42) _____ \$0.00

C. RENT SUPPLEMENT (Occupants for less than 90 days)
1. Rent Comparable No. _____
2. Average Mo. Income _____ X 30% (3) _____ \$0.00
3. Line 1 minus Line 2 _____ \$0.00
4. Supplement (line 3 X 42) _____ \$0.00

Amount of Offer \$0.00

Computed By: _____ Approved: _____
District Manager/Project Manager
Approved: _____
Administrative Manager
Date: _____

I certify that I have determined the supplemental payment to be as shown above and that I have no direct or indirect present or contemplated interest in this transaction, nor will I derive any benefit from the supplement payment.

- (1) Monthly rent must include utilities if size of comparable varies 100 or more square feet from displacement.
(2) Show computations for any carve-out of acquisition price.
(3) If income is used to compute offer, attach income certification form.